Exa	County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH	
rly classified. ificate.	Village or City maar La Plat (No.	Registration Dist. No. / ()	
	2FULL NAME annie Bean	St.: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)	
properly of certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
may be pr n baok of	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 212t, 1923/ (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from	
9 5	July 18th, 1931 (Month) (Day) (Year)	that I last saw halive on, 192,	
struction	7 AGE If LESS than		
str	yrs. 8 mos. 3 ds. or min.?		
In plain terms rtant. See inst	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Mr Physician Suddenly Deep Cold (Duration) yrs. mos. ds	
EATH	9 BIRTHPLACE (State or country) Charles Co. m//-	Contributory Secondary (Durstion) yrs	
OF DI s very	10 NAME OF FATHER Arancis Blan	(Signed) Cillian Mocey M.D. Marchil 1923! (Address) La Plata nd-	
CAUSE TION IS	11 BIRTHPLACE OF FATHER (State or country) Chas. Cs. Md	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.	
	of MOTHER Davieu Rotson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
ould state	13 BIRTHPLACE OF MOTHER (State or country) Chas. Co. md	ients or Recent Residents) At place In the State yrs mos ds. Where was disease contracted,	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
ner ner	(Informant) Trancis Bean Father)	usual residence	
CIANS shoul statement of	(Address) Ca Plata mol	Hell Top Cemelin March 127031	
ete	Filed March 1 1923 / Lillian Posey Registrate	20 UNDERTAKER ADDRESS La Plater Ind	
	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, tion applies to each and every person, irrespective of Housemaid, etc. worked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy Compositor, Architect, For persons who have no occupation (b) Automobile foctory. The material If the occupation has been changed Locomotive engineer, 6) The ques-Grocery;

s: inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrosping EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebro" pneumonia, Bronchopneumonia ("Pneumonia,

> approved by American Medical Association.) tetanus) may be stated under the head of "contributory." stated unless important Example: Measles (disease (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), Examples: Accidental drowning; Struck by railway troin-State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinomo, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as Committee on Nomenclature of the Chronic etc. valirular heort diseose; The contributory

answered in detail, it will prevent further correspondence. All to data is essential and must be obtained before the certificate If this certificate is looked over thoroughly and a'l questions

permanently filed.

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PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
Journey	
0001	Registration Dist. No.
Village or City W (No.	St.: Ward) (If death occurred in
9.1	tion, give its NAME in-
2FULL NAME Wannah Dear	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED, OR DIVORCED	march 2/3, 1923/
Temale (Write the word)	(Month) (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 18 1930	
(Month) (Day) (Year)	that [last saw halive on, 192,
7 AGE Ilf LESS than	
d day hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	no physicien
8 OCCUPATION	Siddella
(a) Trade, profession or particular kind of work	Successful Parket
(b) General nature of industry	nelyp cocy
business, or establishment in	(Duration)yrs,mosds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
churches es my	(Durstion) yrs. mos. ds.
10 NAME OF FATHER	(Signed) Lillian Moscy M. D.
Trancis Islam	march 1/ 1923/ (Address) LaPlata ma.
U DI BIRTHPLACE OF FATHER	V
Z (State or country) Charles Co Mu	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
W 12 MAIDEN NAME	
of MOTHER Harrien Holden	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) Char - So ma	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1. 2. 121	Former or
(Informant) Thancew Hear Jather	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Laplata md-	was of a se that
(Address) Lava ny	Hell Jop Cemely March 27, 1931
15 Filed March 2/1923/ Sillian Mosey	20 UNDERTAKER ADDRESS
Filed March V 1925 Registra	Mancis Dean action La Plata mg-
	16 W Santage St. Balto Paguesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Solesmon, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer free en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective or cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term or or At Home, Farm laborer, Laborerwithout more precise specification as Doy (a) the kind of work and also (b) the and children, not gainfully em--Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasums,
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "(Exhaustion," "Heart range," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. stated unless important use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinomo, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi cough; "Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	STATE OF MARYLAND	
- Coharton-	CERTIFICATE OF DEATH	
County	Registration Dist. No. 100	
Village or City Onfor (No	St.; Ward) (If death occurred is a hospital or institution, give its NAME in stead of street as	
2 FULL NAME	when,	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jense Colored Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended the deceased from	
6 DATE OF BIRTH		
March 1481	that I last saw halive on, 192	
(Month) (Day) (Year)	and that death occurred on the date stated above, at	
If LESS than	The CAUSE OF DEATH & was as follows:	
yrs. mos. ds. or min.		
8 OCCUPATION (a) Trade, profession or	MINIMA	
particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. mos.	
which employed or (employer)	Contributory	
9 BIRTHPLACE (State or country)	Secondary	
10 NAME OF FATHER	(Signed) (Duration)	
- Tanalsons Drygger	Mch. 1. 1921. (Address) All Colders	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
a Office Glacke	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents, or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. In the State, yrs mos	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(Informant) gratius Browner	Former or usual residence.	
(Address) Pomfelt	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL	
Filed Mich 1 1921 11 hollowing	20 UNDERTAKER ADDRESS	
Registrar	TAMBIAN BASENER OF THE	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

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C. Marine

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school or At home. Care should be taken definite saiary), may be entered as Housewife, House tired 6 yrs.). Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom. er," etc., Never return "Laborer," "Foreman," "Manager," "Dealen at home, who are engaged in the duties of the worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Civil engineer, Stationary firemen, etc. But ln many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Preeise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or homicidal, or State cause "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid vulsions," Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-Example: Measles (disease (second-(merely

V. S. No. 1

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PMYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	1
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PLACE OF DEATH	03119 STATE OF MARYLAND
County Clarker	97 CERTIFICATE OF DEATH
0	Registration Dist. No. 741 102
Village or City Amelde (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
FOLL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLÉ. MARRIED, WIDOWED. WIDOWED. WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Mck R/, 198/ (Month) (Day) (Year)
Multure, 1860 (Month) (Day) (Year)	that I last saw h Malive on McLy 1931,
7 AGE 1 If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 8 70 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yra, mos, ds, Contributory Secondary
10 NAME OF FATHER ANUMENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (M. D. William) (M. William) (M. William) (M. William) (M. William) (M. William) (M. Will
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Country Co	At place of death yrs mos. ds. Where was disease contracted,
(Informant) I'm. Froum. (Address) Somercles Md.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MCL24931
Filed March 2, 1921 A South Hall Registrar If more bianks are needed, address State Registrar	20 UNDERTAKER ADDRESS ADDRESS AUG. 10 W. Saratoga St., Balto,, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cottoh mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or yrs). Farm laborer, Laborer-Coal mine, etc. At Home, and children, without more precise specification as Day For persons who have no occupation If the occupation has been changed not gainfully em-The quesmaterial Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL "PUERPERAL septicaemia," "PUERPERAL perilonilis, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important (secondary or intercurrent) affection need approved State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" causing death), 29 ds.; L. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Exhaustion," Whooping (name origin; "Cancer" is less definite; avoid "(Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy,' haustion," "Heart failure," "Haemorrhage," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by " "Marasmus," "Old Age," "Shock," cough; Committee on Nomenclature of the Chronic Example: Measles (disease shopneumonia (secondary), etc. The contributory valvular heart Always qualify all disease not be

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PLACE OF DEATH County Cheroles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No./03	
Village or City # Freling (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jenul 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 192 / (Month) (Day) (Year)	
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 25 192/. to Many 193/, that I last saw h & alive on M	
7 AGE If LESS than I day hrs. or min. 3 ds. or min.	and that death occurred on the date stated above, at	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yre moe 7 de.	
10 NAME OF Jun O, Clease 11 BIRTHPLACE OF FATHER	Secondary (Durstion)	
(State or country) 12 MAIDEN NAME OF MOTHER CLAST Therefore Class Therefore Therefore Class Therefore Therefo	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residenta)	
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.	
(Informant) (Informant)	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address) Mr Johnson 15 Filed Mor 4 1981 CW Roby Registrar	Shilv lemiling Mar 4. 1931. 20 UNDERTAKER LADDRESS Wayside Ma	

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a or At Home, and children, not gainfully emwithout more precise specification as Day single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthonia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstilial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death American Medical Association.) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenclature Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'll questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURELU

REVISED CERTIFICATE UNITED STATES STANDARD OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from laborer, Farm loborer. Laborer-Coat meen at home, who are engaged in the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Famel be or given up on account of the DISEASE CAUSING gaged in domestic service for wages, as Servant, Cook, Howsenard, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is necesyrs. For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, single word or term on As examples: (a) duties of the (b) Grocery; DEATH

Typhoid fover (never report "Typhoid Pneumonia"); s; inal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospind to time and causation), using always the same accen Statement of Cause of Death-Name, first, the his TAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> "Inanition," "Warashuu, when a definite disease "Uraemia," "Weakness," etc., when a definite disease always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Sanile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarconaa, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJULY Whooping American Medical Association.) approved by Committee on Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart discase; Example: Measles (disease etc. The Nomenclature of the contributory

V. S. No. 1

PLACE OF DEATH	03122STATE OF MARYLAND
County	CERTIFICATE OF DEATH Registration Dist. No. 106
Village or City Beyons Rougho. 2FULL NAME Marie Date	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED. MUDOWED, WIDOWED (Write the word)	16 DATE OF DEATH 3/29 , 193 /
B DATE OF BIRTH Mul · Kuneau	17 I HEREBY CERTIFY, That I attended the deceased from 3/25-/9/3/192 to 192 , 192 ,
(Month) (Day) (Year) 7 AGE If LESS than 1 day hrs. or min.? 8 OCCUPATION (a) Trade, profession or	that I last saw haralive on 3/2 f. 198] and that death occurred on the date stated above, at 2. G., m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Contri
11 BIRTHPICE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER OF MOTHER OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disesse contracted, if not at place of death?
(Informant) Whan Deliha	Former or usual residence
(Address) Parally	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WWW. Complete 19 14
Filed Wors 1921 Hull Me Columnia	20 UNDERTAKER ADDRESS Comments la
If more blanks are needed, addre.s State Registral	, 16 W. Santoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screent Cook, Housemuid. etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of busines. that fact may be indicated thus; Farmer facto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEADER. household only worked on may form part of the second statement. Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (not paid Housekeepers who receive a Locomolive (b) Grocery; engineer,

Strtement of Cause of Death—Name, first, the Disease of Leath—Name, first, the Disease of Leath—Name, first, the Disease of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mon-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the Measles ; disease;

V. S. No. 1

PLACE OF DEATH	03123 STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
Village or City near Port Johnes (No.	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Win. Henry Har	tion, give its NAME it - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Mach 13 5, 1923 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mae 24 m 1920	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
yrs	no Physica: Father description, haby laken Suddenly ele (Duration and died) before Contributory a Physicain could fet
9 BIRTHPLACE (State or country) Charles Co -	Secondary he no further information (cuts of Duraijog) 118 mos ds. (Signed) M. D.
UN 11 BIRTHPLACE OF FATHER (State or country)	*State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sable Toy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) W. Henry House	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Magan H19231 William Trose	20 UNDERTAKER acting ADDRESS Polaces I
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. If the occupation has been changed The The quesmateria Grocery;

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal. Lobar Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia, and causation), using always the same accept Broncho pneumonia ("Pneumonia,"

> American Medical Association.) stated unless important Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; 1. shopneumonia (secondary) (secondary or intercurrent) affection need Whooping Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"(Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, cough; Committee on Nomenclature of the Chronic and consequences (e. g., sepsis, etc. valvular heart Always qualify all The contributory discase not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate permanently filed. If this certificate is looked over thoroughly and all questions

1931

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in hospital or institution, give its NAME in-stead of street and

MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY, That I attended the decased from that I last saw h, alive on, 192....,

(Duration) yre. ... moe.....

(Duration)yrs.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

FOR

MARGIN

(Approved by U. S. Ccusus and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook ployed, as At school or At home. Care should, be taken whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But ln many tion applies to each and every person, irrespective of fulness of various purguits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the bis EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); phhoid fever (never report "Typhoid pneuments") (Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicacmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanitlon." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Coliapse," "Coma," conditions, such as "Asthenia," "Anaemia" (mereiy State cause for which surgical operation was undercan be ascertained as the cause. ary), 10 ds. Never report mere symptoms or terminal stated unless important. unqualified, is indefinite); Tuberculosis-of "Dropsy," "Exhaustion," "Heart vulsions," causing death), 29 ds.; Bronchopneumonia use of "Tumor" for mailgnant neoplasms); Measles; Chronic interstitial nephritis, etc. Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" ls less definite; avoid inges, peritonacum, etc., (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS STATE MINANS OF INJURY "Debillty" ("Congenital," "Senile," etc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Mcaslcs failure," "Haemor-Always qualify ali The contributory lungs, men (second-(discase "Con-

PLACE OF DEATH County Church Village or City Toughouse Caroline At	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than I day hrs. Syrs. Mos. / ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or barticular kind of work (b) General nature of industry	arlin Schress
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Frank Duddlelon	(Signed) (Signed) (Address) (Address) (Duration) (Duration) (M. D.
Constant Con	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Adding Bull 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yes mos ds. State yes described in the state of death yes described in the state yes described in t
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Civil Huch	Former or usual residence
(Address) to free file	14 blund Comeley 3 - 25 - 193.
Registra.	Chin M. Ryby Billion , 16 W. Saratoga St., Balto., Requestrag V. S. No. 1
	Village or City Jorfhus Ibls. 2FULL NAME Carrling According to the world of the wo

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulless of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocnature of the husiness or industry, and therefore an er," etc., without more precise specification as Doy Spinner, (b) Colton mill; (a) Salesman, (b) gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer. worked on may form part of the second statement tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only and paid Housekeepers who receive a en at home, Never return 'Laborer," "Foreman," "Manager," whatever, write None. action is very important, so that the relative health Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Compositor, ۲. For persons who have no occupation (b) Automobile factory. The material , are engaged in the duties of the Architect, -Coal mine, etc. Locomolive engineer, .,""Deal-Grocery, Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros yinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is I oked over thoroughly and a I questions answered in derail, it will prevent further correspondence. I the data is essent at and must be obtained before the cartificate is permanently filed.

1931

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RESERVED

MARGIN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED (Write the word) (Month) (Day). 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Secondary (State or country) (Address) 11 BIRTHPLACE ENTS *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State (State or Country) Where was disesse contracted, if not at place of dea h?..... 14 THE ABOVE IS TRUE Former or usual residence (Informant) (Address) 20 LINDE W. Saratoga St., Balto., Requesting V. S. No. 1. If more banks are needed addre.s Ltate Registrar, 19

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Coals ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEAT Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Luborerwithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death carbolic acid—probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicacniia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles approved by Committee on as fracture of skull, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronie and consequences (e. g., sepsis, Example: Measles (disease affection need etc. The valvular Nomenclature heart contributory disease; not be

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STATE OF MARYLAND CERTIFICATE OF DEATH

4/10/1/4	Registration Dist. No. / O /
Village or City (No. 2FULL NAME Warriett Elizatu	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH // / / / / / / / / / / / / / / / / /
Oct. 22, 1890 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931, to 1961, 1931, that I last saw her alive on 2000 18, 1931,
7 AGE # 0 yrs. # mos. 28 ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Olarles Ro. Mid- 10 NAME OF FATHER William Golden- 11 BIRTHPLACE OF FATHER (State or country) Clurles Ro. Mid- (State or country) Clurles Ro. Mid-	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. ds. (Signed) Yrs. mos. ds. (Signed) Yrs. mos. ds. (Signed) Yrs. mos. ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eugenia Tennol 13 BIRTHPLACE OF MOTHER (State or country) Charles Ce. Md-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. Where was disease contracted,
(Informant) Chas. Serry. (Address) Hill Tope My. Filed March 19. 192 Ta Intherhand. Registrar	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Chicamufen Md Machh 19 31 20 UNDERTAKER Address Waldonf, Md.
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Salto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

Y L JAKE

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(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, For persons who have no occupation Laborer-Coal mine, etc. Wom-

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, as fracture of skull, and consequences (e. g., sepsis, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important approved by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of perilonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary) etc. valvular heart Always qualify all The contributory not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate permanently filed. If this certificate is looked over thoroughly and a'l questions

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up ou account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutles of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But In many the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoia fever (never report "Typhoid pneumonia", Lobar pneumonia, Bronchopneumonia ("Pneumonia").

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quenees (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" taken State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsious," "Debility" ("Congenital," "Senile," etc.), ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Ménsics (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignaut neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (name origin; "Cancer" is less definite; avold (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY (Recommendations on state-The na-(second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1931 BUREAU V

V. 8. No. 1

ACE should be stated EXACTLY, PHYSI- that it may be properly classified. Exact ctions on back of certificate.
Bi-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
B. M. Ma	Registration Dist. No. 100
Village or City De alley (No	St.: Ward) Casser St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, MODIVERCED (Write the word)	16 DATE OF DEATH March 2.0 , 198/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Chiquel 2 2/862	
(Month) (Day) (Year)	thet I last saw halive on
7 AGE [If LESS than	and that death occurred on the date stated above, at 7,30 m.
10 19 1 Idayhrs.	The CAUSE OF DEATH * was as follows:
68 O yrs. O mos. 14 ds. or min.?	,
a) Trade, profession or	Heart Distall
particular kind of work Ventus	Q. A.
(b) General nature of industry business, or establishment in	Didate
which employed or (employer)	(Duration)ds,ds,
9 BIRTHPLACE (State or country) Charles G Hal	Contributory Secondary (Durstion) yrs mos ds
10 NAME OF POR	(Signed) M. D. Hayden M. D.
1, 4 Deaster	mar 21 1931 (Address) Belallon med
OF FATHER O	
Z (State or country) Mas, Co Mid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Christiana Silbon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER OLD O TO	At place In the
(State or Country) //artes & ///	of deathyrsds. Stateyrsds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et plece of dea.h?
(Informant) Villes & Huset	Former or usual residence
(Address) Waldorf	(Oakland Cemeley, Mar 23, 1931
15 Filed Mar 2/1923/ MISHay Clere	20 UNDERBY DOOR SON ADDRESS
	Hum no organ warden mo
If more blanks are needed, address State Registrate	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luglaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid—probably suicide. The nature of the injury, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Nomenclature of the heart disease; not be

PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
The Production of the Company of the	Registration Dist. No. / D 3
Village or City Bel alto (No	St.: Ward) (If death occurred in
2FULL NAME Infant Surar	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Single	16 DATE OF DEATH 21 , 1923 / , 1923 / (Month) (Dey) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
By 25 31 1931	, 192, 192,
(Month) (Dsy) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
I dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
8 OCCUPATION (a) Trade, profession or	
particular kind of work	Still Born
(b) General nature of industry business, or establishment in	(Description)
which employed or (employer)	(Duration)yrs,mos,ds.
9 BIRTHPLACE (State or country) Char le v	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF GENERAL Smant	(Signed) Cha! It, Paly, J. R. M. D.
M 11 BIRTHPLACE	afor 1 1922 (Address) 221 /11/11
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Discase Causing Desth, or, in deaths from Violent Csuses, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julia a. dyles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country) (Mod lw	Where was disesse contracted, if not st place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Belalton	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St Thomas lecontery als 1, 1931
Filed ala 1 1923/ Char Of Value Registras	20 UNDERTAKER Sactly ADDRESS Seo Robert Smoot Bulllion
If more hanks are needed, addre.s State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Never return". Laborer,""Foreman,""Manager,""Dealnature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Colton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart fauure, Haemorrage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved (Recommendations on statement of cause of "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature and consequences (e. g., sepsis, Measles ;

If this certificate is looked over thoroughly and all questions an experience in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR Permanently filed.

See instructions

important.

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PARENTS

PLACE OF DEAT	PHYSI-)
0 0	XACTLY, classifie ate.	CORD
FULL NAME	arly tiffical	H
	stated proper f certif	LZ
A PERT I COLOR	be s be p k of	NENT
	d b d b	

6 DATE OF BIRTH

8 OCCUPATION.

9 BIRTHPLACE

(a) Trade, profession or

particular kind of work.

(State or country)

11 BIRTHPLACE

OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Informant) CM

10 NAME OF FATHER

(b) General nature of industry business, or establishment in

which employed or (employer)

14 THE ABOVE IS TRUE TO THE BEST OF

PLACE OF DEATH	1313	STATE OF MARYLAND CERTIFICATE OF DEAT
PLACE OF DEATH When the second secon	0010	CERTIFICATE OF DEAT
Q a	146	Registration Dist. No. / B.

e Brace.	St.: Ward) (If death occurred in a hospitul or institution, give its NAME inclead of street and number.)
AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SINGLE, MARRIED. Marry WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 20 , 1921 . (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
26 , 1912 (Day) (Year)	that I last saw her alive on 3/20, 1986. and that death occurred on the date stated above, at 8-4
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
ufe	(Duration)yrsmosde,
ur. Md.	Contributory Secondary (Duration)
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means, of injury: and (2) whether Accidental, Suicidal or Homicidal.
Hawkes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
md	At place of death yrs mos da. State, yrs mos da.
r of MY KNOWLEDGE	Where was disease contracted, if not at place of death?
- Mil	Former or usual residence
ret md.	Profet md. Mch. 23.1931
sutherland Registrar	20 UNDERTAKER ADDRESS Mason Shus

Treel if more blanks are needed, address State Registrar. 16 W. Saratoga St., Baltov Requesting V. S. No. 1.

TATISTICAL P R RACE | 5 SIN

(Month)

Mason Thus

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated that: Farmer (m state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enployed, as At school or At home. (are should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer." "Foreman," "Manager." "Deal-"pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, empation is very important, so that the relative healthwhatever, write None. laborer, Farm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc-For many occupations a single word or term ou yrs.). For persons who have no occupation without more precise specification as Day -Coal mine, etc. Wom-The material

Makement of Cause of Death—Name, first, the pis-Make Causing death (the primary affection with respect, to time and causation), using always the same necessied term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphtheria (avoid use of "croup"): Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia"):

> head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consediseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uracmia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart symptomatic), "Atrophy." "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ment of cause of death approved by Committee Poisoned by curbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia." "Puerperal peritonitie," vulsions." Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; State cause for which surgical operation was under Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURIE "Debility" ("Congenital," "Senile," etc.); Never report mere symptoms or Chronic valvulur heart disease; (Recommendations on state-Example: Measles failure." "Haemor-Struck by railway Always qualify all (merely terminal (disease (secondnot be etc.

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03132

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

t.; Ward	(If death occurred in a hospital or institu-
	tion, give its NAME in- stead of street and

MEDICAL CERTIFICATE OF DEATH
Mas 8 Glackerson, 192 (Month) (Day)
I HEREBY CERTIFY, That I attended the deceased fr
hat I last saw halive on, 192.
nd that death occurred on the date stated above, at
he CAUSE OF DEATH & was as follows:
Still Bour
7
(Duration)yramoa
Contributory Secondary
igned) M.R. Mars E.R. M
Mch. 9.00/ (Address) Walder
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs.mos......da. In the State,yrs......mos....

Where was disease contracted, if not at place of death?.....

Former or uaual residence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

sployed, as At school or At home. Care should be taken state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). business, that fact may be indleated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Coal mine, etc. The material But in many

Statement of Cause of Death—Name, first, the pay-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by earbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage rhage," "Inanition." "Marasmus," "Old Age," "Shock," State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weaknes:," etc., when a definite disease symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility". causing death), 29 ds.; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lings, men (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Whooping cough; Chronic valvular heart discase; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY ("Congenital," "Senilc," etc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Meastes Always qualify all (disease (second-

If this certificate is looked over thoroughly and all quesorder of the data is essential and must be obtained before the certificate is permanently filed.

APR 4 19

If more blanks are needed, address State Aegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the displace causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrosphalfever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Phead ture of the injury, as fracture of skull, and consemeut Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely "Puerperal seplicaemia,""Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or State cause for which surgical operation was under-"Uraemia," "Weakness," ctc., when a definite disease "Dropsy," "Exhausticn," "Heart conditions, such as "Asthenia," "Anaemia" stated unless important. use of "Tumor" for malignant neoplasms); Meastes; causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur heart discase; (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men of "contributory." of cause of death approved by Committee on FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcasles (disease failure." "Hacmor-Always qualify all terminal (second-(merely not be "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

13134 STATE OF MARYLAND CERTIFICATE OF DEATH

031

Registration Dist. No.

St.;	Ward)	(If death occurred he a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CER	TIFICATE	OF DEATH
	(Month)	(Day), 192.31 (Year)
that I last saw him alive cand that death occurred on the	on 22 Mg	
Myocarditis, ac		
Contributory Nephr Secondary	itis, (hronic de.
3-22-31 192. (Address Caviolent Causes, state (1) Accidental, Suicidal or Hor		
18 LENGTH OF RESIDENCE ients, or Recent Residents) At place of death		
19 PLACE OF BURIAL OR R 20 UNDERTAKER	elly may	DATE OF BURIAL 3/24 ,19 3/ ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the disease causing deficient (the primary affection with respect to time and causation), using always the same accepted term for the came disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Broachopacumonia ("Pneumonia,"

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